Agenda: Washington State Health Benefit Exchange Plan Management Workgroup Meeting

9/25/12; 10:00 am - 12:30 pm

Agenda

ID	Торіс	Facilitator	Duration
1.	Welcome • Introductions	Michael Arnis	5 Min
2.	Purpose of the Meeting	Michael Arnis	10 Min
3.	Reminder – comments on Draft Enrollment and Payment Process Guide due to Brad Finnegan (brad.finnegan@hca.wa.gov) September 28, 2012 by 5:00PM.	Michael Arnis	1 Min
4.	Recommendations being used by HBE workgroup on consumer-facing web pages.	Michael Arnis	5 Min
5.	Closure / Termination of Plans Responses on: Does network adequacy relate in a specific way to the Closure circumstances? Need to discuss in the meeting. Closing all plans inside or outside of the Exchange in a market. Need to clarify when this is possible. Aging against actuarial value. Update from CCIIO.	Michael Arnis	15 Min
6.	IT Update Responses • SERFF & FFE	Ashley Stamets	5 Min
7.	Health Care Provider Directory	Michael Arnis / Dipti Sharma	60 Min

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	 and respond to initial questions Provider Directory Action Items Update – update on items to be provided ("Monthly Issuer Provider Directory Data Updates" Report – discuss at a future meeting) 		
8.	 Quality Improvement Strategy Document Discuss proposal for 2014 and 2015. 	Michael Arnis	15 Min
9.	Next Steps / Close Next Meeting: 10/9/12	Michael Arnis	10 Min

Meeting Notes

Attendance: Amerigroup, Centene, Community Health Plans of Washington, Group Health Cooperative, Kaiser Permanente, Molina, ODS Health, Premera Blue Cross, Washington Dental Health Services (Due to technical challenges, all of the meeting attendees may not have been captured)

ID	Notes		
1.	Purpose: HBE was asked if an IT system demo could be provided. HBE would like to provide a demo once the system is further developed and HBE will keep the Plan Management Workgroup informed.		
2.	Marketing by issuers on the web pages: The recommendations on the marketing criterion from the Plan Management Workgroup were forwarded to the User Interface Team who are designing HBE's consumer-facing web pages. We'll keep you informed of any refinements the Team makes to the previous recommendations.		
3.	SERFF & FFE: SERFF's potential role in FFE has not been determined. Most important to HBE, however, is that the decision about SERFF's potential role in FFE will not impact the development or implementation of plan management functions in state health benefit exchanges.		
4.	Closure / Termination Policy and the Quality Improvement Strategy were distributed and will be discussed at the October 9 Plan Management Workgroup meeting.		
5.	Health care provider directory. To support implementation of the directory, HBE work plans and detailed data documen were provided.		
	Concern about moving forward was expressed by some attendees; issuer provider directories could be relied upon.		
	The following topics were discussed.		
	a. HBE clarified that the directory would be searchable.		
	b. Multiple locations will be captured in geocoding and displayed.		
	c. It was clarified that HBE can match the health care provider to a QHP's network.		
	d. HBE clarified that testing would be performed and that issuers can use the Massachusetts version of this health care provider directory to view a somewhat similar user experience. Alternatively, one could go to eHealth.com and enter Individual and Family Census information to view plans and search for health care providers.		
	e. Concern was expressed about capturing and displaying ancillary or allied providers and whether that was necessary. This comment dovetailed with a desire to minimize the data pull. These two comments will be addressed at the October 9 meeting.		
	f. Concern was expressed about capturing and displaying physician e-mail addresses. The e-mail address is optional and HBE will discuss optional and required fields at the October 9 meeting.		

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g. Frequency of updating the HBE health care provider directory was discussed and if HBE would provide an educational piece to clarify how often updates occur. This will be discussed at the October 9 meeting.

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